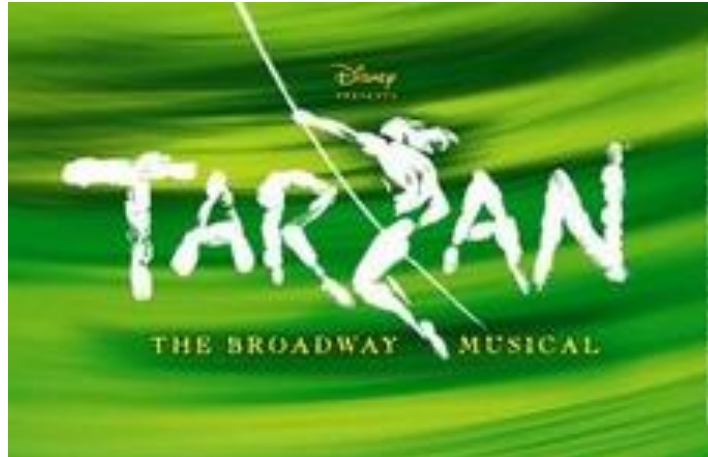


DISNEY'S TARZAN TRIP



Join us on **Saturday, October 27, 2012** as we travel to the matinee of Disney's Tarzan at the Barter Theatre in Abingdon, Virginia. Based on the Disney film and Edgar Rice Burrough's original story "Tarzan of the Apes," "this awkward winning musical will create a lasting memory for your entire family." Tarzan's adventure begins when a ship wreck lands him on the shores of Africa to be raised by she-ape, Kala. Growing into a great hunter and leader, Tarzan yearns for acceptance from his ape father, Kerchak. When Tarzan encounters the beautiful explorer, Jane Porter, their worlds are transformed forever. Despite challenges, foes and differences Jane and Tarzan find that together they can overcome all odds. This unlikely love story, full of adventure and songs by Phil Collins such as "Two Worlds" and "You'll be in My Heart," comes wrapped in a musical that will touch your heart for years to come.

Price Per Person:	\$75 per person. Seats on the train are assigned in order that payment is received.
Price Includes:	Roundtrip motorcoach transportation, a visit to Heartwood, matinee ticket to Disney Tarzan and a tour host.
Date:	Saturday, October 27, 2012
Departure:	The bus will depart 8:00am from the Food Lion in Rocky Mount.
Cancellation Policy:	The trip is based on a minimum amount of paid participants by August 1, 2012. If we should cancel the trip a full refund will be given. If you cancel prior to August 1 a refund less \$30 ticket penalty will be issued. After August 1, 2012 there will be no refunds.

RESERVATIONS: Send the completed registration form below along with a check for \$75.00 per person made payable to **Roanoke Tours, Inc.** to Franklin County Parks & Recreation at 2150 Sontag Road Rocky Mount, VA 24151.

For further information call Ernie Dale at 540-366-2888 or erniedale@aol.com

**Franklin County Parks and Recreation Registration
and Liability Waiver Form – 2012 Disney's Tarzan Trip**

Name _____ Age _____
_____ Age _____
_____ Age _____
_____ Age _____

Mailing Address _____

City _____ Zip _____

Email Address _____

Home Phone: _____ Work Phone: _____ Cell Phone: _____

Number of Reservations: _____ x \$75.00 = \$ _____ (amount enclosed)

I understand the importance of following all rules and regulations relating to this activity, including the instructions of the person/or persons supervising this activity and/or the requirements of the person or entity responsible for the area where the activity is to take place. I agree to follow and comply with all such rules, regulations, instructions, and/or requirements.

I understand that it is important that I be in good physical condition when I agree in the activity, and understand that it is my responsibility to maintain an activity level that is compatible with my physical condition and skill level.

I hereby expressly assume the risk of any physical injury or other loss that I might sustain as the result of participating in this activity and any transportation related thereto. I further understand that there may be risk of injury in traveling to and from the area where the activity will take place.

I also expressly waive and covenant not to sue on any claim I might have against the County of Franklin, or any officer or employee of the County, or any volunteer, or the estate or representatives of such persons for any personal injury or loss that I might sustain as the result of engaging in any activity relating to this program whether caused by negligence, breach of contract, or otherwise: except that this waiver shall not apply to any claim I might have against the County (or its agents) for any such personal injury or loss I might sustain arising out of gross or wanton negligence of any such person or entity. **I also give permission to be photographed and used in any form of publication to promote Franklin County Parks and Recreation.**

Signature of Parent / Guardian _____
(if participant is under 18 years of age)

I have the following physical impairments or medical conditions, including allergic reactions:

Current medications that participant is taking now:

Name of Emergency Contact: _____

Emergency Contact Phone Number: _____